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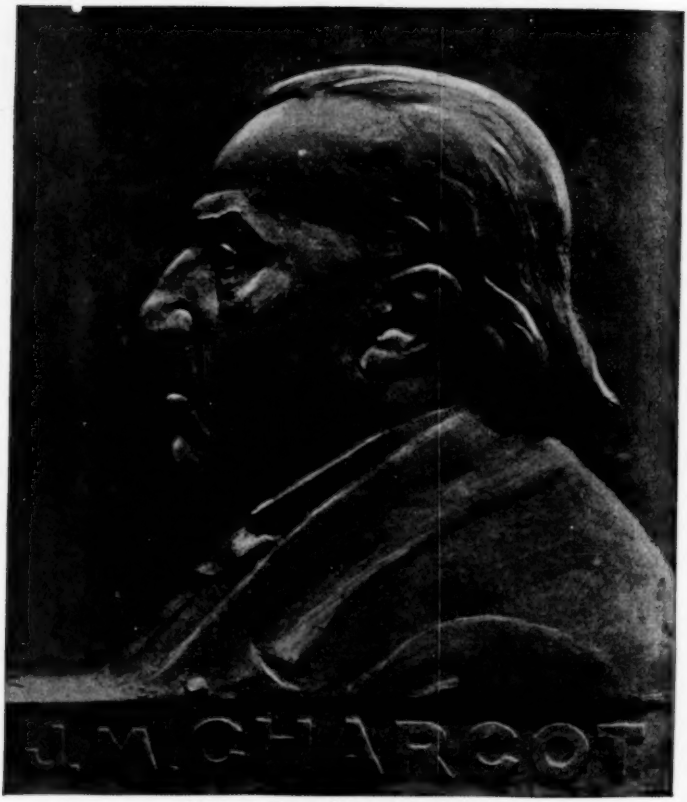

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THE NEW YORK
ACADEMY OF MEDICINE

VOL. I NOVEMBER, 1925 No. 9

THE CHARCOT CENTENARY

(November 25, 1925)

The year 1825 was fairly remarkable in the history of medicine. About one hundred years ago, the Weber brothers began certain fundamental investigations which were the starting point of psychophysics and published their classic on wave motion, which obliterated Bichat's theory that the pulse is synchronous in all the arteries. Purkinje completed his investigations on the subjective phenomena of vision and discovered the germinal vesicle. Louis published his classic on phthisis, in which medical statistics were employed for the first time as a method of investigation. Bouillaud described aphasia and Matthew Baillie first noted floating kidney. Dumas isolated menthol. Nobili invented his astatic galvanometer. Copeland introduced the exhibition of potassium iodide in syphilis. Croton oil was introduced by the apothecary Short. Airy first employed spherical cylinders for astigmatism and Fuchs devised a means of avoiding fires in theaters by coating the woodwork with soluble water glass or with sodium wolframite. In this year, too, Charcot, Huxley, Max Schultze and Henry Gray were born. The centric event of medical moment was therefore the birth, on November 25, 1825, of Jean Martin Charcot, the greatest neuro-pathologist of France and, whether as consultant or teacher, unquestionably the greatest physician of his time.

The son of a carriage-maker, who permitted the most studious of his children to follow medicine, Charcot, after his graduation in 1853, experienced some difficulty in winning his *concours*, in

other words his right to teach medicine in the Faculty. He was no orator, no match for the facile rhetoricians who were his competitors, and it was only through his masterly discussion of his opponent's thesis that he won his spurs. This bout revealed, in fact, a knowledge of the foreign literature of medicine surprising in a young student and almost unequalled in France, where German literature was taboo. Expertise of this kind could have but one outcome. In 1862, Charcot took over the service of the Salpêtrière, where he had served as interne, and at that time officially an almshouse for old women, a somewhat shabby group of buildings at the extreme east end of Paris, containing no less than 5,000 inmates. As interne, Charcot had been early impressed with this motley collection of mal-assorted diseases of all kinds, which he saw at once as a mine of neurological material like nothing else in the world. The way in which he transformed this "pandemonium of infirmities" as he called it, into a well ordered neurological clinic of vast dimensions is the most fascinating episode in the history of clinical medicine. He began by sorting out the gouty and rheumatic patients, the febrile and neurotic disorders of old age, and, in connection with his incumbency of the chair of pathology (1872–82) made masterly and memorable studies of the diseases of the liver, the kidneys and the lungs (1877). That the chair of pathology in the Paris Faculty should have been held by three neurologists—Vulpian, Charcot, and Marie—has been the subject of much pleasantry. When Marie succeeded Victor Cornil in 1908, Osler said it was "very much as if Allan Starr or Dana were selected as successor to Prudden." But as Strümpell, in his beautiful eulogy of Charcot, has said, "no one could be a neurologist, in this early formative period, without being also a pathologist." And Charcot was the greatest of neuro-pathologists. Strümpell shows, by many instances, how Charcot's work on localization of functions of the brain and cord, *viâ* clinical and post mortem findings, did more for the subject than physiological experimentation, which was still haphazard and tentative. Amyotropic lateral sclerosis, which the Germans call Charcot's disease, was the first recorded instance of a lesion affecting an entire tract of nerve-fiber, from cerebro-spinal axis to muscle. Charcot also was the first to de-

scribe the multiplex semeiology of hysteria, thus separating it from epilepsy and insanity. Later in life, he first stressed the fact that, in these "major neuroses," a psychic trauma may play the same part as a pathological lesion. Freud, on his own showing, got from Charcot his idea of a psycho-sexual trauma as the momentum of energy or of inertia in the psycho-neuroses. But there is hardly a phase of modern neurology in which the great master of the Salpêtrière was not a pioneer. In his public consultations and lectures, Charcot was, with the possible exception of Trousseau, the greatest teacher of clinical medicine of his time. Osler, coming later as a junior, ran him an easy second. In order to get the complex semeiology of nervous disorders into the heads of his auditors, Charcot deliberately dramatized and visualized the essential features by demonstrations on a miniature stage, with footlights, upon which he himself mimicked, in a way never before realized, the various attitudes, gaits, tremors, tics, spastic phenomena and other motor and sensory disorders of the neurotic, the typical pathological lesion in each case being thrown upon a screen after the exhibition of the patient. The various imputations to the effect that he was theatrical, that he cared more for the disease than the patient, that he neglected treatment, that he subjected hysterical patients to strenuous tests under hypnotism, were, of course, solemn nonsense, dictated by the malice of enemies, usually disgruntled colleagues whose clinics were not so largely attended. Charcot was actually regarded as "timid" by his intimates, a Gallic way of saying that he had a supersentitive nervous system concealed under a cold, impassive manner. Youthful likenesses suggest an illustration to Balzac. He looks like Napoleon at Brienne or Rastignac about to make war upon a hostile world (*"à nous deux maintenant"*). That he consciously schooled himself, by iron self-control, to be the great beneficent personality he was, reveals the real trend of his character. The bitter twist about the mouth, the sad, penetrating eyes, tell of the fierce, inner struggle for self-mastery. Charcot really loathed oratory and other theatric tricks. His private and public life, that of a Benedictine, goes to show that he was a determined enemy of banal publicity, public demonstrations and superfluous fuss and feathers of all kinds. His voice was distinct but low, his audiences the largest of any clinic in Europe, hence

he had to employ mimicry and "object teaching" to get his ideas across to his pupils. His apparent interest in the disease rather than the patient was due to his intense passion for thoroughness in investigation, was often set off by a compassionate, sympathetic manner on occasion, and that his treatment was effective, where humanly possible, was evidenced by the great armies of patients who flocked to him from the five continents of the globe, seeking relief from their sufferings. Toward the end of his life, he stressed his views on the therapeutic device of setting the mind to repair its own troubles in "*La foi qui guérit,*" which sums up all that is known of psychotherapy and healing by faith.

Charcot was happily married to a lady of wealth, whose devotion extended even to assisting and forwarding his literary productions. In his beautiful home in the Boulevard St. Germain and his summer home at Neuilly, he was an entirely different person from the cold, impersonal, impassive chief of Napoleonic mien, who dominated every nook and corner of the Salpêtrière. In the bosom of his family, among his friends and beloved pupils, the natural goodness and amiability of the man asserted itself in the most charming way, even to the extent of participating in the harmless hoaxes which were seemingly put over on the grave professor. From his father, he had inherited or acquired a passionate love of art, and the upholstery, bibelots and paintings in his domicile, chosen by his wife, were famous in the Paris of those days. Charcot, indeed, created the study of medicine in the fine arts, classifying the nervous diseases depicted by the Dutch and Italian painters with the same power of arrangement and coördination which he applied to the thousands of patients in his great hospital. In spite of his intense love of home and privacy, an expression of his innate loathing of vulgarity and vain show, he usually devoted his vacation to travelling, and knew the museums and art collections of Europe better than most connoisseurs. On one of these expeditions he died suddenly, of heart failure with pulmonary œdema, in an inn by the lake of Settons (Nièvre) on August 16, 1893. Due to this insidious disease, the life of the great quietist, at home and in hospital, had been so exclusively sedentary that it was said that he never knew how to walk because he had never really learned. A pathetic detail is to the effect that this sensitive, silent man, who had never

harmed a single human being in his life, was tormented through his later years by satanic anonymous letters, predicting that he would die shortly of cerebral hæmorrhage.

It has been well said that the French do their duty by their great men, even to the extent of naming their streets after their great physicians. Yet, while there are many statues of Charcot in France, an extended biographical study, such as Vallery-Radot achieved for Pasteur, or Paul Triaire for Bretonneau and Larrey, remains to be written. The ceremonies in honor of his centenary at the Paris Academy of Medicine and the Sorbonne on May 26 and 27, 1925, were grave, moving and impressive, attended by physicians from seventeen different countries, and supported by the government. The eulogies were pronounced by his old pupils, Marie and Babinski, followed by reminiscences and appreciations by the younger generation. To read the countless tributes from all lands, following his death and during the present year, is to realize that Charcot was not only the greatest physician of France, but, in relation to his period, of the whole world.

F. H. GARRISON

THE FINANCES OF THE ACADEMY

The sale of the property at Sixtieth Street and the purchase of a less expensive site has given some of the Fellows of the Academy the impression that the financial situation of the Academy was excellent and that the Academy was very rich. Although the Academy's endowment is now far larger than was anticipated a year and a half ago, the Academy is by no means in an easy financial situation. Its income for the present year, however, and in 1926 will be larger than its expenditure, but the cost of operation of the new building will be more than double that of the present building and additional funds will be needed when the new building is occupied. The annual expenses of the Academy in its new building will be approximately $195,000. Prior to the sale of the Sixtieth Street property, the future income of the Academy from all sources when installed in a new building was estimated at $148,000. The profit on the sale of the Sixtieth Street property and the purchase of a less expensive site increases

the Academy's endowment by nearly $650,000 and its income by $32,500. The total income for 1927 should be about $180,000.

The expenses of the Academy for the fourteen months ending December 31 1924, were $155,523.02. The income of the Academy during this period was $128,451.85 (plus certain balances), leaving an actual deficit of $24,737.58.

The expense of the Committee on Medical Education and the Bureau of Clinical Information was paid chiefly from the Rockefeller fund and a small part by a donation from the Carnegie Corporation turned over to the Academy as the balance remaining to the credit of the New York Association for Medical Education.

The expenses of the Public Health Committee were $15,849.03. This was paid largely by special donations and by income from the Rockefeller fund.

The salary of the Director and his expenses are paid from the Rockefeller fund.

The income of the Academy from dues, assessments, and endowment for the maintenance of the building and the library was $71,665.85 during this period. The expenses not paid for out of special funds were $107,723.35. Some of this expenditure will not recur as it consisted of legal services, taxes, etc., in connection with the purchase and sale of property.

The budget of the Academy for 1925 is $132,496. The income should be about $160,000. The deficit of $24,737.58 on December 31, 1924, was paid from the income of 1925, and there may be a surplus at the end of the fiscal year, December 31, 1925.

In 1926 the budget will be somewhat greater as it may be possible to begin a new library service with a new librarian. The additional expense will be paid in part out of the Rockefeller endowment. There should be a small surplus at the end of 1926.

If, in 1927, the Academy should be in its larger building which will cost considerably more to maintain and with the new library activities, the Committee on Medical Education, the Bureau of Clinical Information, the Public Health Committee and the other educational work already agreed upon, the budget will be $195,000. It is probable that all the activities may not be inaugurated and that the budget may not be so large. It is perfectly clear, however, that any savings made will be savings on the in-

come of the Rockefeller endowment for new educational and library activities.

Academy funds must be used for the purchase of books and journals and binding, for the present library staff, and for the maintenance and operation of the new building.

The budget following is purely provisional and has not been approved, but is a fair indication of what the expenses will be. The estimate is liberal, but expenses cannot be foreseen and the Fellows of the Academy can perhaps better realize the expense of the new project.

The Academy is the residuary legatee of the Witthaus estate and should receive in the future, a somewhat larger income than at the present time.

The Academy also has an interest in the estate of Charles A. Powers which will ultimately net the Academy several thousand dollars a year.

The Academy, in one sense, is rich, but its obligations are great. It could readily expend on the library an additional $10,000 a year for books, completing files, classics and incunabula, and it will actually need more money for maintenance in 1927 or at latest in 1928.

The Financial Situation of the Academy

Permanent Interest-Bearing Endowment

	Principal	Interest
Library Funds	$ 165,291.00	$ 8,264.55
Special Funds—		
Carpenter, Gibbs, Loomis	30,952.42	1,547.62
Endowment Fund	34,552.46	1,727.62
For New Site Endowment Drive	384,643.41	19,232.17
General Permanent Fund	283,610.71	14,180.53
	$ 899,050.00	$ 44,952.49
Balance Sale 43rd Street (after payment of mortgage, $100,000, moving expenses and equipment new building)	445,000.00	22,250.00
	$1,344,050.00	$ 67,202.49

ESTIMATED INCOME OF ACADEMY, 1927

From	Permanent Endowment	$ 67,202.50
"	Witthaus Fund	7,000.00
"	Rockefeller Endowment	62,500.00
"	Dues at present rate	32,000.00
"	Assessments	12,000.00
		$180,702.50

Income, estimated at 5%, actually is about 5.25%.

ESTIMATED BUDGET, 1927

Operation of Building	$ 56,240.00
Academy Administration	38,380.00
Library Administration	36,100.00
Books, Journals and Binding	25,000.00
Public Health Committee	15,000.00
Committee on Medical Education	8,000.00
Bureau of Clinical Information	10,300.00
Exhibitions	2,500.00
Traveling and Entertainment	2,000.00
Special expenses for Lectures, grants under Gibbs Fund, etc.	1,550.00
	$195,070.00

S. M. M.

OBSERVATIONS ON THE SO-CALLED OCCULT SUGAR OF THE URINE WITH PARTICULAR REFERENCE TO THE LEVEL OF BLOOD SUGAR

L. W. GORHAM and THOMAS ORDWAY, Albany

(Delivered before the New York Academy of Medicine, Oct. 1, 1925)

Abstract

Specimens of blood were examined every two hours by the micro method of Randles and Grigg (*Journal of American Medical Association*, Vol. 82, March 1, 1924), and two hourly specimens of urine were examined for their sugar content by the Benedict-Folin Method (an adaptation of the picric acid method of Benedict, 1921).

Curves were charted in series of cases represented in the following groups: (1) Normal Individuals, (2) Untreated Diabetics, (3) Diabetics under Insulin, (4) So-called Renal Diabetics, (5) Patients with Staphylococcus Skin Infections.

In the first group characteristic normal curves were determined under varying conditions. Average normal curves showed only slight variations in different normal individuals, even though the caloric intake, exercise and mental state were inconstant. In the second group curves conforming to a single type occurred, blood and urine sugar being consistently elevated—but the urine showed much greater variations than the blood sugar. In the third group the change from the diabetic curves to normal curves as induced by Insulin was shown. In the fourth group a diagnostic relation between blood and urine curves was found in the so-called Renal Diabetics. In the fifth group, which was studied on the supposition that recurrent furuncles might be associated with "peaks" of high blood sugar, usually missed when the specimen is taken with the patient fasting, the results were not conclusive.

The method of study is of value as follows: (1) It aids in the prompt recognition of mild and so-called Renal Diabetics, under normal conditions of diet, as contrasted with the dextrose test meal. (2) It permits the use of large doses of Insulin to obtain rapid desugarizing of patients, thus shortening hospital stay. (3) It furnishes an accurate idea as to dosage, the optimum time of administration and amount of Insulin necessary. (4) It permits the detection of cases of persistent hyperglycemia without glycosuria.

We have come to believe that this two-hour test has a definite value as a routine procedure in the study of carbohydrate metabolism under normal conditions of diet, etc., in a measure comparable to the concentration and fixation test as recently used by Mosenthal.

FURTHER OBSERVATIONS ON THE ASSAY OF DRUGS OF THE DIGITALIS GROUP

ARTHUR KNUDSON and M. DRESBACH, Albany

(Delivered before the New York Academy of Medicine, Oct. 1, 1925)

Abstract

We are all agreed that it is necessary to have preparations of uniform strength to insure accurate use of these drugs in medicine and numerous attempts have been made to assay the strength of digitalis preparations. Most of the methods used for assay have been biological ones and the two methods which are at present in extensive use are the lethal dose method on frogs, with injections into the lymph sac, or the lethal dose method on the cat with slow intravenous injection. The advantages claimed for the latter are that it can be carried out at any time of the year without the complications introduced by the necessity of controlling the sensitiveness of the animal, that by intravenous injection the drug is completely absorbed, and that the effects on the human heart may be expected to be more akin to those on the cat than to those on the frog. The majority of the chemical methods which have been developed for digitalis assay have been based on separating and estimating the amount of one of the active "principles," particularly digitoxin. All such attempts have proven disappointing, as the active principles are very imperfectly known, and even the best established of them—digitoxin—cannot be assayed chemically with any approach to accuracy. These so-called active principles, moreover, differ considerably in their physiological activity and a determination of the amount of any one of them would not be an index of the potency of the preparation.

Recently a new chemical method was proposed by Dr. Dresbach and myself.[1] It is based on the coloration produced in the decolorized tincture by picric acid and alkali. This reaction was first pointed out by Baljet,[2] who had shown that bodies having a

[1] Knudson and Dresbach: Jour. of Pharm. and Exp. Therap., 1922, XX, 205. Jour. Amer. Pharm. Assoc., 1923, XII, 390.

[2] Baljet: Schweiz Apoth. Ztg., 1918, LVI, 71 and 84.

typical digitalis action gave an orange red color with dilute alkaline picrate solution. The color reaction in the case of digitalis preparations does not measure the amount of glucoside but the physiological activity of the preparation, which seems improbable, but is supported by a large number of observations on which the results of the chemical assay are compared with those of assays by the cat method of Hatcher and Brody.[3] We have applied the method to tinctures, fluid extracts, infusions, purified preparations of digitalis and also to some of the active "principles," and the agreement between the chemical and bioassay cat method is well within the limits of accuracy of any biological assay.

Biehler and Rist[4] have recently reported the assay of several digitalis preparations by the colorimetric method, one-hour frog method (Gottlieb), and twenty-four-hour frog method. They observed a good agreement between the colorimetric and one-hour frog method. They criticize the chemical method, however, because they claim that the color reaction does not run exactly proportional to the amount of material present when testing it on a pure preparation such as strophanthin and digitoxin. They also state that digitonin (which by itself does not react with the color reagent) intensifies the reaction of digitoxin with the reagent. Both of these points are not in agreement with our observations. In developing our colorimetric method one of the first observations made was to determine whether the color was proportioned to the amount of pure principle present and we have always found it to be the case. Of course, it must be remembered in comparing the color of any two solutions the unknown must not be more than 25 or 30 per cent. above or below the standard to get good comparative readings. We do not find that digitonin in any way intensifies the color reaction of digitalis bodies having an action on the heart.

Although the chemical method is still in an experimental state and further work is needed to confirm our results and to establish the value of the method, we believe that it has several distinct advantages over the biological assays which at present are

[3] Hatcher and Brody: Am. Jour. Pharm., 1910, LXXXII, 360.

[4] Biehler and Rist: Arch. Exp. Path. and Pharm., 1924, Ci, 139.

the only accepted ones. The method is relatively simple, inexpensive, less time is required for test than most of the biological assay, and the color reaction is a very sensitive one. If a definite weight of one of the active principles in digitalis, such as digitoxin, were adopted as a unit of activity, the chemical method could be used to test the activity of any digitalis preparations in terms of this unit and insure more uniform preparations on the market.

EXPERIMENTAL EVIDENCE CONCERNING THE SITE OF ACTION OF DIGITALIS AND STROPHANTHUS PRINCIPLES WITH SPECIAL REFERENCE TO STROPHANTHIDIN

M. DRESBACH

(Delivered before the New York Academy of Medicine, Oct. 1, 1925)

Abstract

Although the emetic action of digitalis and allied substances is of secondary importance, additional knowledge regarding the origin of the nausea and vomiting induced by these bodies is desirable because of the close temporal relation of their therapeutic and emetic actions. Whether or not there is a direct connection between the two sorts of effects is a point which may be said to be still undecided. In the opinion of Hatcher and Weiss,* the emetic action is a reflex induced in the heart.

We have sought to obtain evidence on this point, using cats as our experimental animals, and employing strophanthidin and certain purified digitalis bodies and preparations as the emetics. Strophanthidin, which is a hydrolytic cleavage product of certain strophanthins, lends itself conveniently to a study of this question because of its rapid elimination, or destruction, in the animal body and because it produces all of the typical cardiac effects of digitalis and strophanthus principles. Our plan of procedure was in general similar to that of Hatcher and Weiss in that we compared the effects in animals with the hearts denervated with those in intact animals. We have found that emesis, which is easily produced by strophanthidin in normal

* Journ. Pharm. and Exp. Therap., 1923, XXII, 139.

animals, is not prevented by complete denervation of the heart in the cat, if the animal has been given sufficient time to make a good recovery from the operations necessary to disconnect the heart completely from the central nervous system.

In addition to strophanthidin, we have used ouabain, amorphous strophanthin, digitoxin, and, in a few cases, tinctures and fluid extracts of digitalis, and, so far as we have gone, we have had no animal with complete denervation of the heart in which we could not produce emesis by injection of the preparations mentioned.

Our results, of numerous experiments, lead us to conclude that digitalis and strophanthus principles do not induce nausea and vomiting in experimental animals reflexly by action on some structure in the heart, or, at least, not entirely in that manner. The action is more probably due to an effect in the medulla, because the complete denervation of the heart by section of its extrinsic nerves, section of the cord at the level of the seventh vertebra, decerebration and removal of the cerebellum (Hatcher & Weiss) do not prevent it.

SOME MEDICAL BEARINGS OF ECCENTRIC MOTOR ACTIVITY

GEORGE S. AMSDEN, Albany

(Delivered before the New York Academy of Medicine, Oct. 1, 1925)

There is scarcely any need to emphasize here the rather well-worn truism that the guiding principle behind all animal and vegetable structure is utilitarian. The human body is no exception. It is designed with the practical aim of doing something—and that something is fundamentally that which contributes to its sustenance or continuance. Nature is rarely sentimental or dreamy. It is definitely pragmatic. Its purposes in the human body, with little exception, involve movement. It may be simple movement as that necessary in food-getting or in aggression or defense. It may be less direct as in talking or in scientific research. So thoroughly is the body committed to this plan that almost every stimulus which strikes the body passes over fatalistically into movement or its equivalent. It is almost as inevitable

as the passage of a current over a circuit when that circuit is completed.

The prevalent lay, and non-medical, conceptions of the central nervous system as initiating motor activity must suffer some modification. It is fairly clear that the central nervous system initiates much less than is commonly supposed. Just how much it is restricted in this way it is yet somewhat hazardous to say. It is difficult to think clearly about this because of lack of full information and because the terms in which we think of it are so committed to the conception under examination. We are at least clear that very much of the activity ascribed as originating in the central nervous system does not arise there. It seems reasonably plain that much of our motor activity arises primarily through the excitement of an instinct, or of a nucleus of instinct overlaid by habits or overlaid by reaction patterns less crystallized than habit. In this conception the central nervous system acts largely automatically, and is the passive distributing agent of disturbances arising outside it. We know too little yet to make it safe to exact a very close analysis, according to this conception, of specific instances, but enough is known, not only to enlist our interest, but to give us an apparent better insight into certain medical problems.

This conception would seem to suggest that automatically, on the occasion of a stimulus, there is mobilized a general motor disposition, and that, perhaps guided at first by instinct and later by the added results of experience, this somewhat generalized motor disposition is distributed into special channels so that the resulting motor activity is specialized. Of just what this motor disposition consists and how it arises we do not know. Physiological research, especially that of Cannon and others, suggests strongly an endocrine origin of it. Of this, however, we must admit that we are largely ignorant. At present it seems sufficient to recognize this probable general mode of initiating motor activity as distinguished from the more formal neural conception current essentially up to the present time.

This conception, if valid, has rather extensive and important application. Within the range of normal physiological variation we may speak of the more active and dynamic individuals as those who mobilize readily this disposition to motor activity,

while the less dynamic or hypo-dynamic individuals stand toward the other end of the scale and mobilize much less readily. Within narrow limits we recognize in ourselves variation in this capacity for summoning energy. Eliminating those times when we may by fatigue account for our tendency to inactivity, and, again, eliminating those other times when we get rested and feel energetic, we all of us experience variations in ourselves so that we, now, feel energetic and, again, indisposed to action. It would appear that the mechanism upon which this mobilization depends varies in us from time to time. In some of us the swing of variation is rather great and we see the same individual, now, rather overactive and, again, rather underactive. This swing reaches its maximum in those who become hyperactive and excited, or hypoactive, or depressed. The manic-depressive psychoses display these extremes of mobilization. The individual may be hyperactive with his muscles, overactive, also, emotionally and mentally. On the other hand, the depressed phase of this disorder displays a marked reduction of muscular activity so that the individual appears quite inadequate. He is, then, reduced in mood, so that he is depressed, and, also, his mental activity is slowed down. These extreme swings are, so to speak, massive. The whole individual responds consistently in one direction or the other.

These massive swings of the motor inclination constitute perhaps the simplest and most readily understood of the psychotic states and for this reason it may be found expedient to start formal didactic instruction in psychiatry with discussion of the manic-depressive psychoses. We have the germ of them within ourselves. Those expressions of a tendency to action, which, for one reason or another, are not massive in this way and do not sweep the individual consistently to an extreme of activity, but are more local, or restricted, are much more puzzling. They are very apt to be associated with conflicting desires, and the more commonly recurrent ones we are prone to characterize and identify, not by the motor tendency, but by the associated feeling, or by the practical bearing of this feeling in the field of our interest. In this way the attention is shifted from the origin of the experience, the motor reaction, to the feeling of this reaction and its general bearing on our interests. The difficulty in the matter of

understanding them is seen, therefore, not so much to be an intrinsic one as it is one in which we are obliged to think in unwonted terms. A brief reference to the nature of the will may illustrate this. We are inclined to speak of the will as an independent function which in some way, initiated outside the machine, gives force or persistence to this tendency of the body to do things. Whereas it seems highly probable that orderly training, arising either by chance or design, together with other qualifications, brings about such a facilitation of the natural inclination for stimulus to pass promptly over into special movement that the individual concerned is observed to act with especial decision and force. A person in whom this is habitual and efficiently operative may be said to be a person of strong will. It would appear that he has especially utilized and harnessed for this purpose a natural tendency rather than that he is possessed of a special quality or capacity which, operative in some independent way, impresses itself and compels obedience. Many of the so-called functions of the mind may similarly be seen to be ingenuous abstractions or generalizations of complications of this simple principle of motor activity. I fancy much of the obscurity which hovers about matters mental, both normal and pathological, may be traced to a failure to refrain from generalizations of this sort, which immediately we are prone to set up as functions independent and dominating.

This tendency to assume something of the nature of an entity is quite seductive. In a less circumscribed and definite way we fall into temptation in our commonsense attitude toward such matters as fright, apprehension, worry and the like. These manifestations we tend, in our thinking and, also, in our practical course of action, to regard as largely mental in origin and, consequently, to be controlled by a sort of mental discipline which we anticipate bringing about by dealing logically with the topic which is chiefly concerned. For instance, if a patient is apprehensive about something which, to the outsider, obviously does not warrant it, the natural inclination is to try to explain impressively the inconsistency. Usually the patient welcomes the attention bestowed in this way, but is very little impressed or is only transiently influenced by it. The apprehension persists in spite of the logical analysis of its needlessness. Our expecta-

tions are misled by our inclination to accept the mental as the fundamental, primary, or leading factor in the production of the apprehension. Usually it may be demonstrated that the apprehension is a state in which a motor tendency is in the lead. Very frequently it is found that the feeling of apprehension is closely connected with a general, perhaps instinctive, tendency to do something about an interest when there is no appropriate act to be carried out. The apprehension appears to be an experience in which a tendency to constructive activity is frustrated. Apprehensiveness would appear to be closely related to the actual feeling of the motor and other organs ready and bursting for action when the actual culminating act does not, for one reason or another, take place. It is a commonplace experience that motor activity in a state of great emotional tension gives at least some relief, even if the activity is not entirely appropriate. In states of fright Cannon has made extensive studies which, in the main, illustrate the validity of this general conception.

What appears to be true in the case, for instance, of apprehension seems, also, to be true in all the dominating emotions as fright, worry, joy, sorrow, and the like. These emotional states become intense somewhat in proportion to the instinctive urgency at their origin and, also, in proportion to the degrees of failure to secure an appropriate outlet or motor assertion of this urgency. A little experience in handling emotional states with this conception as a guide is instructive and more convincing than any amount of discussion or description of it. A great deal of difficulty in handling these states lies in the persistent tendency of the patient to weave about his emotional interests a fabric of interpretation which is misleading both to the patient and to the physician. The patient tends to read reasons and explanations into his state, which are apt, by his relatives and others, to be taken seriously and lead him to seek very inappropriate sources of assistance. The aberrant health cults thrive on this tendency. It may be of interest to refer here to the so-called subconscious mental and emotional activity. Whether or not it suits our scientific palate to contemplate tolerantly the existence of the subconscious, there is certainly a somewhat orderly activity of the nature of coördination and adjustment which, so to speak, works while we sleep. If such an activity may be assumed, it

would seem not improbable that an important field of its activity lies in the sphere of striving for motor adjustment in the face of instinctively felt needs—a striving which attains results often quite surprising.

While there are these and numerous other details of importance to the neurologist and psychiatrist linked up with this conception of the rôle of motor activity, there are not lacking practical issues of importance to the surgeon and internist. So-called headache, pain in the frontal region, pain in the back of the neck, pain in the back, and, less often, pain or discomfort in the extremities, some obscure respiratory troubles, sphincter spasms, and perhaps many other complaints which come to the general practitioner and specialist, and are not benefitted by treatment, should be examined with reference to some miscarriage or motor activity. Usually what is found is this: the patient under the stress of some disharmony or frustration of desire automatically persists in maintaining a local muscular tension. It is as if the disharmony or frustration of desire could not be accepted and as if it were imperative that some effort be made, even though it be inappropriate and ineffectual. The mere expenditure of effort automatically appears to afford a vicarious satisfaction. We knit our brows over an abstract problem. As spectators at a football game we assist our favorite player by effort of our own muscles. In anxious and distressed states tension of the muscles of the brow, of the extrinsic eye muscles and muscles of expression, or of the back of the neck, persisted in at length produces a fatigue which is often painful, or serves as an object of anxious attention and so becomes essentially painful and gives rise to many of the so-called neurotic complaints.

As an illustration of an important bearing of this general principle for the general practitioner I might cite a sample case of which a considerable number have come to my attention. He belongs to the group of hypertension cases in which there is little or no demonstrable organic lesion.

He is a business man of 55. There is nothing of especial significance in the family history, nor in the personal history, up to the age of 40, when he had whooping cough severely. At 45 he had some labyrinth trouble in one ear. By way of encouragement he was told at the time that he might have apoplexy some

time. He kept this suggestion in mind, though it did not interfere with his work, his relations at home, nor much with his own enjoyment. This did, however, stand in the offing as an uncomfortable anticipation. It should have been stated that he is, by temperament, very pushing and hard working, and often returned to his office to work in the evening.

The present illness began insidiously some two or three months before. He first felt a little "logy and dead." Then he felt, one day, a little faint and dizzy at his desk. He was badly constipated and was suffering, also, from the excessive heat of the summer. He felt light headed for about an hour and had a residual occipital headache. He became apprehensive lest his scheduled attack of apoplexy be due. Subsequently, he had several similar, but less severe, attacks. There was no palpitation, no dyspnoea on exertion. Recently he had become so opprehensive that he was unable to sleep and was unwilling to leave the house lest he have some calamity befall him.

When seen in consultation he was tense, spoke rather volubly about his discomfort; was restless, gestured rather emphatically, and was so anxious about himself he could not read the papers, or, at most, only scan the headlines.

The physical examination was negative, except that he had a blood pressure of 175/50. The laboratory reports were all negative, except that on one or two accasions an occasional cast was found in the urine.

Here is a case which will clear up in a few weeks if you can get him to keep quiet, relax, and rest. Unfortunately, a good many of these cases are indisposed to lend themselves to a quiet régime. They are apt to be very bustling, active, pushing individuals who ordinarily work hard and whose illness is often ascribed to overwork. It is quite useless to advise them to "use their will power" and to reassure them they will get well. Their statements that they are frightened and apprehensive are based upon feelings which are actually present in them and they are ascribing to these feelings the same significance you and I would, if we had them. But you and I have these feelings only when there is some external provocation for them. It is their disorder that they have them without external provocation. These feelings are usually, on study, found to be associated with the ex-

perience of muscular tension, with a mobilization of a motor disposition which, having no proper external application, expends itself in ineffectual tension of muscles, including the smooth muscles, and give rise to dominating emotions of varying sort. The patient is like a jumpy government which calls out 10,000 militia when 500 would be enough. He over-mobilizes and the excess of energy finds an outlet by throwing into operation those physiological mechanisms which get into action usually only when we are, for instance, actually, for good reasons, apprehensive. He has the feelings appropriate to apprehension, and, argue logically as long as you please, it will not influence him much. He, so to speak, has the goods. After you have studied him and know what his problem is, you can usually teach him how to manage without so much mobilization, and so teach him how to avoid the stampeding effect of a blind muscular tenseness.

In the case of the patient I cited this was done. In a couple of weeks he was sleeping well and in some six weeks he returned to work. His blood pressure had returned to normal and he enjoyed an average feeling of wellbeing.

This origin of numerous so-called nervous, as well as some apparently somatic, complaints in eccentric motor activity appears to my observation to be largely overlooked. As a result patients seek one physician after another, or get passed along by the physician from one specialist to another, and from one to another operation, and finally find relief, if they get it at all, in some measure, from which they get a knack of relaxation. This habit of displaced muscle tension is a commonplace observation in psychiatric practice. Unfortunately, by the time the patient gets to the psychiatrist the habits of tension have become so embalmed, as I have tried to represent, in a mass of habitual and unfortunate reasoning in attempts to understand and account for the discomfort that the psychiatrist's path is a difficult one. His problem is, in part, that of re-educating the patient out of these habits and often it cannot be done. The stage of another sort of metastasis has begun. Personally I am more or less continuously in a state of desire to plead with the general practitioner for a little more tolerance and for the cultivation of a vision a little broader so that he may take this neglected factor of bad motor habit into account in his diagnosis and treatment.

CERTAIN CLINICAL AND EXPERIMENTAL ASPECTS OF ECTOPIC ENDOMETRIOSIS

V. C. JACOBSON, Albany

(Delivered before the New York Academy of Medicine, Oct. 1, 1925)

(ABSTRACT)

The characteristic clinical picture of implantation endometriosis is presented, otherwise known as Sampson's syndrome.

In a series of nineteen rabbits the intraperitoneal autotransplantation of endometrium during oestrus was successful in sixteen, or 84 per cent. In six rabbits so treated during the resting stage there was one positive result. In six rabbits operated on during pregnancy there were implantations in two, or 33 per cent. An increased vitality or "virulence" may be assumed for endometrial tissue during oestrus. This is in accord with Sampson's menstrual theory of origin of most human endometriosis. Implantation usually occurs upon pelvic structures, and in a few instances it has been observed upon the colon and urinary bladder. The implants are invariably cystic adenomatoid structures, often multilocular. There is no evidence in these experiments in favor of the view that endometrial tissue can be formed by metaplasia of mesothelium.

DR. ARCHIBALD MALLOCH APPOINTED LIBRARIAN

At a special meeting of the Council held on September 16, 1925, Dr. Archibald Malloch, of Montreal, was appointed Librarian of The New York Academy of Medicine.

A special committee, consisting of the Library Committee, the Chairman of the Board of Trustees and the Director have been searching for a librarian for nearly two years. A large number of possible candidates have been considered including university and college librarians and those engaged in special library work, as well as physicians interested in library and literary work. The advice of the Director of the New York State and City Public Libraries was obtained as well as that of the officers of the

Library Association and institutions interested in the maintenance of libraries. In brief, the entire question has been carefully studied and the field of possible candidates carefully searched.

Dr. Malloch is a graduate of Queens University. He received his medical degree from McGill, and is a member of the Royal College of Physicians. His early work was at McGill where he served as resident pathologist and bacteriologist and as interne in medicine. He served with the Canadian Red Cross and Canadian Army Medical Corps during the war and was subsequently Beit Fellow at Oxford. He resigns his positions as Demonstrator in Medicine at McGill, Assistant Physician at the Royal Victoria Hospital, and Assistant Editor of the *Canadian Medical Association Journal* to accept the position of Librarian at the Academy.

Perhaps largely due to Sir William Osler's influence, Dr. Malloch became deeply interested in library work and historical medicine and he and Dr. W. W. Francis were selected by Sir William to prepare a catalogue raisonné of the eight thousand volumes of classics, pamphlets and incunabula in the Osler collection. This work has been completed recently.

Dr. Malloch has frequently contributed to the medical journals and has written several articles on historical subjects in medicine.

The new Librarian will bring to the library a trained medical mind familiar with medical literature and an enthusiasm for the occupation of his choice. In undertaking his new duties on January 1, 1926, Dr. Malloch has the best wishes of the Council.

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Albertus Magnus. Phisico., siue De phisico auditu libri octo. [Venetiis: per J. de Forliuio e Gregorium frat. 1494] 124 l. fol.

Albertus Magnus. Di virtutibus herbarum. De virtutibus lapidum. De virtutibus animalium. De mirabilius mundi. Paruum regimen sanitatis valde utile.
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Argelate, Petrus de. Chirurgia magistri Petri de largelata.
[Ventiis, Bonetus Locatellus, 1497,] 131 ff. fol.

Arnoldus de Villa Nova. Practica medicine Arnaldi de Villa noua.
Venetiis: per Magistru Otinu papiensem de la luna, 1497, 67 l. fol.

Arnoldus de Villa Nova. Speculum medicine.
[Lipsiae: M. Herbipolensi, 149–?] 143 l. 8°.

Avicenna. Liber canonis primus quem princips Aboali Abnsceni de medicina edidit: translatus a Magistro Gerardo Cremonensi in Toleto ab Arabico in Latinum.
Venitiis: P. Mauser & soc. 1486. var. p. 4°.

Avienus, Rufus Festus. Opera. Fragmentum Arati phaenomenon . . . Quinti Sereni medicinae liber.
[Venetiis: A. de Strata, 1488.] 118 l. sm. 4°.

Bagellardus, Paulus, a flumine. Libellus de egritudinibus infantum.
[s. l. 1472.] 40 ff. sm. 4°.

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Nurenberg: A. Koburger, 1477. 4 l. 2–28 ff. f°. Imperfect.

Brunschwig, Hieronymus. Liber de arte distillandi de simplicibus.
Strassburg: J. Grueninger, 1500. 2 l., ccix f., 3 l. fol.

Comestor, Petrus. Historia scolastica.
Argentino: J. de Gruningen & H. de Ingulier, 1483. 45 l. 253 ff. fol.

Diogenes Laertius. Vitae et sententiae philosophorum.
[Venetiis: N. Jenson, 1475.] 186 l. sm. 4°. Damaged copy.

Falcutius (or Falcucci), Nicolaus (Florentinus). Sermo tertius de membris capitis.
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[s. l. 1489] 102 l. 8°.

Gaddesden, John. Rosa Anglica practica medicine a capite ad pedes. Emendatum per Nicolaum Scyllatium.
[Papie: J. A. Birreta, 1492,] 3 l. 173 ff. 4°.

Gazio, Antonio. Corona florida medicinae; de conservatione sanitatis.
[Uenetiis: per Joh. de Forliuio & Gregorium fratres, 1491,] 122 l. fol.

de Gradi, Joannes Matthaeus Ferrarius. Expositiones praeclarissimi et subtilissimi magistri Jo. Mathei ex Ferrariis de Gradi super vigessimam secundam Fen tertii canonis domini Avicennae. . . .
[Mediolani: per Jacobum de Scoto Nazario de la Ripa, 1494] 103 l. fol.

Institoris, Henricus & Sprenger, Jacobus. Malleus maleficarum.
[Nürnberg: A. Koburger, 1494,] 7 l. cxxxvii ff. 4°.

Ketham, Joannes. Fasciculus medicinae. . . .
Venetiis: J. & G. de Gregorus, 1500, 34 l. fol.

Lauffenburg, Heinrich. Versehung des leibs.
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Mondino da Luzzi. Incipit anathomia Mundini.
In: Ketham, Joannes. Fasciculus medicinae. . . .
Venetiis, 1500. 13 l. fol.

Mondino da Luzzi. Anathomia. Mudini emedata p doctore melerstat.
[Leipzig? 1493?] 40 l. 8°.

de Nursia, Benedictus. Opus ad sanitatis conservationem. Similiter etiam de magistro Tadeo de Florentia de regimine sanitatis secundum quattuor partes anni.

[Bologna: D. de Lapis, 1477,] 140 l. sm. 4°.

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[Venetiis: B. Locatellu, 1496.] 134 l. (incl. 1 blank) fol.

Plinius, Caius, secundus. C. Plinii secundi naturae historiarium libri xxxvii e castigationibus Hermolai Barbari quam emendatissime editi.

[Venetiis: J. Aliusium, 1499,] 267 l. 4°.

Regiment (Ein) der jungen kinder.

See: Metlinger.

Rhazes, Abu Bekr Muhammed Ben Zakhariah Alrazi. Liber nonus ad Almansorem: cum expositione Sillani de Nigris de Papia.

Venetiis: Bernardinus de Tridino. 30. Mar. 1483. 111 l. fol.

de Saliceto Placentinus, Guilielmus. De salute corporis . . . & Turrecremata De salute anima.

[Mantua: Paulus de Butschbach, 1480?] 12 l. sm. 4°.

Savonarola, Giovanni Michele. Canonica de febribus.

[Bologna: D. de Bertochis, 1487,] 122 l. fol.

Savonarola, Giovanni Michele. Practica Joannis Michaelis Savonarole.

[Venetiis: madato et expensis Octaviani Scoti, per Bonetum Locatellum, 1497,] 6 l. 275 ff. i l. fol.

Savonarola, Giovanni Michele. Summa de pulsibus, urinis et egestionibus.

[Bologna: H. de Harlem & J. Walbeeck, 1487,] 64 l. (incl. 1 blank) fol.

Serapion, Joan. Practica Jo. Serapionis dicta Breviarum. Liber Serapionis de simplici medicina. Liber de simplici medicina dictus circa instans. Practica Platearii.

Venetiis: 1497, 211 ff. fol.

Silvaticus, Matheus. Liber pandectarus medicine: omnia medicine simplicia continens: quem ex omnibus antiquorum libris

aggregavit eximius artium et medicine doctor Mattheus Silvaticus ad serenissimum Sicilie regem Robertum.
Venetiis: 1480, 233 l. fol.

de Tusignano, Piero. Recepta Petri de Tusignano supra nono Almansoris.
Venetiis: Bernardinus de Tridino, 30. Mar. 1483, 24 l. fol.

de Tusignano, Piero. Tractatus de observanda vita, pro preservatione sanitatis tempore pestilentie.
In: Ketham, Joannes. Fasciculus medicinae. . . .
Venetiis: 1500, 5 l. fol.

Versehung des leibs.
See Lauffenburg.

Vincentius Bellouacensis. Speculum naturale.
[Strassburg: J. Mertelin, 1464,] 2v. fol.

Zerbi, Gabriel. [Opera.] Impressum Bononie per Johanem de Nordlingem & Henricum de Harlem socios, 1482, 509 l. 4°.

RECENT ACCESSIONS TO THE LIBRARY

Alexander, J. The surgery of pulmonary tuberculosis.
Phil. & N. Y. Lea & Febiger. 1925. 356 p.

Appleton, J. L. T. Bacterial infection, with special reference to dental practice.
Phil. & N. Y. Lea & Febiger. 1925. 474 p.

Arndt, K. A summary of physical chemistry.,
London. Methuen & Co. 1925. 92 p.

Aschoff, L. Vorträge über Pathologie gehalten an den Universitäten und Akademien Japans im Jahre 1924.
Jena. Fischer. 1925. 360 p.

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London. Mills & Boon. 1925. 62 p.

Bach, E., & Wheeler, C. E. Chronic disease.
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Napoli. V. Idelson. 1925. 273 p.

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London. K. Paul. . . . 1924. 116 p.

Brown, H. Modern medical methods.
London & N. Y. A. Melrose. 1925. 191 p.

British science guild. A catalogue of British scientific and technical books.
London. Brit. sci. guild. 1925. 489 p.

Burridge, H. A. An introduction to forensic medicine. . . .
London. H. K. Lewis. 1924. 455 p.

Burton-Opitz, R. An elementary manual of physiology. . . . 2. ed.
Phil. & London. W. B. Saunders Co. 1925. 413 p.

Cameron, S. More light. A simple account of how the brain works.
London. Williams & Norgate. 1925. 75 p.

Carr, H. A. Psychology. A study of mental activity.
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Child (The), the clinic and the court. A group of papers by Jane Adams [*et al.*]. . . .
N. Y. New Republic. 1925. 344 p.

Crew, F. A. E. Animal genetics.
Edin. Oliver & Boyd. 1925. 420 p.

Cross, H. H. U. Electro-therapy and ionic medication.
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Daniel, F. The expectant mother.
London. C. W. Daniel Co. 1925. 82 p.

Daniel, F. The nursing mother.
London. C. W. Daniel Co. 1925. 70 p.

Dorland, W. A. N. The American illustrated medical dictionary. 13. ed.
Phila. & London. W. B. Saunders Co. 1925. 1344 p.

Enriques, P. La riproduzione nei protozoi.
Milano. Sanzogno. 1924. 210 p.

Fisher, R. A. Statistical methods for research workers.
Edin. Oliver & Boyd. 1925. 239 p.

Fones, A. C. Preventive dentistry. . . .
London. H. Kimpton. 1925. 220 p.

Fulkerson, L. L. Gynecologic urology.
Phil. P. Blakiston's Son & Co. [1925.] 247 p.

Goldschmid, E. Entwicklung und Bibliographie der pathologisch-anatomischen Abbildung.
Leipzig. K. W. Hiersemann. 1925. 301 p.

Goldschmidt, K. Aluminothermie.
Leipzig. S. Hirzel. 1925. 174 p.

Gosse, (Sir) E. Sir Thomas Browne.
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Graham, E. A. Some fundamental considerations in the treatment of empyema thoracis.
St. Louis. C. V. Mosby Co. 1925. 110 p.

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London. Macmillan & Co. 1925. 272 p.

Groves, E. W. H. A synopsis of surgery. 7. ed.
Bristol. J. Wright & Sons. 1925. 671 p.

Gunther, R. T. Historic instruments for the advancement of science.
London. H. Mulford. 1925. 90 p.

Hallock, G. T. Dramatizing child health.
N. Y. Amer. Child Health Assoc. 1925. 306 p.

Handbuch der Geburtshilfe, hrsg. von A. Döderlein. v. 3, 2. Aufl.
München. J. F. Bergmann. 1925. 998 p.

Handbuch der speziellen Chirurgie des Ohres und der oberen Luftwege. Hrsg. von L. Katz & F. Blumenfeld. 3. Aufl. v. 2.
Leipzig. C. Kabitzsch. 1925. 1166 p.

Hill, A. B. Internal migration and its effects upon the death-rate. (Gt. Brit. Privy council. Med. res. council. Spec. rep. ser. no. 92.)
London. H. M. sta. off. 1925. 124 p.

Holst, J. Kliniske studier over thyreotoxicosenes, diagnose og prognose. . . .
Kristiania. J. Dybwad. 1924. 96 p.

Houston, R. A. Intermediate light.
London. Longmans, Green & Co. 1925. 227 p.

Israel, J., & Israel, W. Chirurgie der Niere und des Harnleiters.
Leipzig. Thieme. 1925. 584 p.

Jackson, J. H. Neurological fragments.
London. H. Milford. 1925. 226 p.

Jennings, H. S. Prometheus, or, biology and the advancement of man.
N. Y. E. P. Dutton & Co. [1925.] 86 p.

Kershaw, G. B. Sewage purification and disposal. 2. ed.
Cambridge, Eng. Univ. pr. 1925. 361 p.

Koby, F. E. Slit-lamp microscopy of the living eye.
Phila. P. Blakiston's Son & Co. 1925. 221 p.

Lemos, M. Historia de ensino medico no Porto.
Porto: Enciel. Port. 1925. 245 p.

Lewis, T. Clinical electrocardiography. 3. ed.
London. Shaw & Sons. 1924. 126 p.

McClendon, J. F., & Medes, G. Physical chemistry in biology and medicine.
Phil. & London. Saunders. 1925. 425 p.

McDonald, A. Teaching health in public schools. . . .
Temple, Texas. Gresham's. 1925. 84 p.

Marshall, C. J., & Piney, A. Text-book of surgical pathology.
London. E. Arnold. 1925. 469 p.

Masters, D. New cancer facts.
London. J. Lane. 1925. 83 p.

Mellish, M. H. The writing of medical papers. 2. ed.
Phil. & London. W. B. Saunders. 1925. 168 p.

Modern medicine, its theory and practice. . . . Ed. by Sir William Osler. 3. ed. re-ed. by Thomas McCrae & E. H. Funk. vol. 1.
Phil. & N. Y. Lea & Febiger. 1925. 815 p.

Munro, T. K. Practice of medicine. 5. ed.
St. Louis. C. V. Mosby Co. 1925. 2 vols.

Moore, R. F. Medical ophthalmology. 2. ed.
London. J. & A. Churchill. 1925. 344 p.

Osler, (Sir) W. The principles and practice of medicine. . . . 10. ed. . . . revised by T. McCrae.
N. Y. & London. D. Appleton & Co. 1925. 1233 p.

Parkinson, R. H. Eye, ear, nose and throat manual for nurses.
St. Louis. C. V. Mosby Co. 1925. 207 p.

Parrish, D. The Parrish family . . . with special reference to Joseph Parrish, M.D.
Phil. G. H. Buchanan Co. 1925. 336 p.

Pattee, A. F. Practical dietetics. . . . 15. ed.
Mt. Vernon. A. F. Pattee. 1925. 687 p.

Pearson, W. A., & Hepburn, J. S. Physiological and clinical chemistry.
Phila. & N. Y. Lea & Febiger. 1925. 306 p.

Pharmacopoeia (The), of the United States of America. Tenth decennial revision. . . . Official from Jan. 1, 1926.
Phil. J. B. Lippincott Co. [1925.] 626 p.

Pillsbury, W. B. Education as the psychologist sees it.
N. Y. Macmillan Co. 1925. 342 p.

Radulesco, A. D. Greffes et transplants osseux chez l'homme.
Paris. Baillière. 1925. 127 p.

Reid, G. Practical sanitation. 21. ed.
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Runting, E. G. V. Practical chiropody.
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München. Lehmann. 1925. 79 p.

Scott, G. G. The science of biology. An introductory study.
N. Y. T. Y. Crowell. 1925. 617 p.

Singer, C. The Fasciculo di medicina, Venice, 1495. 2 v.
Florence. R. Lier. 1925.

Steindler, A. A textbook of operative orthopedics.
N. Y. & London. D. Appleton & Co. 1924. 403 p.

Strauss, H. Erkrankungen des Rectum und Sigmoideum.
Berlin & Wien. Urban. . . . 1922. 208 p.

Sutherland, H. G. Birth control exposed.
London. C. Palmer. 1925. 255 p.

Teacher's dietetic guide, containing state board requirements. . . .
Mt. Vernon. A. F. Pattee. 1925. 156 p.

Thresh, J. C. Domestic and personal hygiene. 2. ed.
London. St. John ambulance assoc. 1925. 255 p.

Transactions of the College of physicians of Philadelphia. v. 46. 1924.
Phila., the college. 1924. 892 p.

Turner, G. G. Some encouragements in cancer surgery.
Bristol. J. Wright & Sons. 1925. 75 p.

Warnekros, K. Geburt und Nachgeburtsperiode im Röntgenbilde.
München. J. F. Bergmann. 1925. 48 p. 32 pl.

Who's who in New York (city and state), 1924.
N. Y. Who's who publications. 1924. 1416 p.

REPRINTS DESIRED FOR THE LIBRARY

The Librarian requests that Fellows of the Academy kindly send to the Library copies of reprints of their articles which have been published in medical journals other than the Bulletin of the Academy.

LIBRARY EXHIBIT

The Library desires to hold an exhibition of the works of Sir Thomas Brown, physician and author of the famous "Religio Medici," who was born in London, October 19, 1605.

For this purpose the loan of any material, such as writings or portraits, is earnestly solicited and will be greatly appreciated.

THE ANNIVERSARY DISCOURSE

The Anniversary Discourse will be delivered by Dr. George E. Vincent, President of the Rockefeller Foundation, at the Academy on the evening of November 19. The subject of the discourse will be, "The Doctor and the Changing Order."

DEATHS OF FELLOWS OF THE ACADEMY

Marcus Babcock Heyman, Ward's Island, New York City; born in Chester, South Carolina, March 6, 1867; graduated in Medicine from the University Medical College, New York City.

in 1890; elected a Fellow of the Academy May 2, 1918. Dr. Heyman was the superintendent of the Manhattan State Hospital for the Insane, a Fellow of the American Medical Association, a member of the American Psychiatric Association, and a member of the Neurological Society.

FRANCKE HUNTINGDON BOSWORTH, A.B., A.M., M.D., 1 West 54th Street, New York City; born in Marietta, Ohio, January 25, 1843; graduated in Medicine from Bellevue Hospital Medical College, New York City, in 1868; elected a Fellow of the Academy January 8, 1880; died at his home in New York City, October 17, 1925.

The death of Dr. Bosworth marks the passing of the last but one of that generation of great contributors to medical science who established the department of laryngology in the United States. As a pioneer his work, with that of Dr. J. Solis Cohen, of Philadelphia, who is still living, will stand preëminent for all times. To the late Dr. Horace Green, of New York, was given the title "The Father of Laryngology"; to Dr. Gurdon Buck that of "The Father of Intra-laryngeal Surgery," so to Dr. Bosworth belongs the well merited title of "Father of Rhinology." Through his genius and through the inspiration of his teachings the importance of the anatomy and the pathology of the nasal region was brought to the attention of the world. The advances made in the knowledge of rhinology during the past forty years have been largely due to his brilliant initiative. The event of his death comes as the present number of the BULLETIN goes to press. An extended notice will be given in a later issue.

D. B. D.

DONATIONS TO THE LIBRARY FUNDS

Donations and bequests are solicited by The New York Academy of Medicine for the maintenance and expansion of the Library.

A donation or bequest of $5,000 or more will provide for a special library fund, the income of which may be used for the general purposes of the Library or restricted to the purchase of books and periodicals, as the donor or testator may indicate.

When so restricted, a special bookplate will be used. A donation or bequest of less than $5,000 but more than $1,000 will provide for a named library fund, the income of which will be used for general library purposes or restricted for the purchase of books and periodicals, as desired by the donor or testator.

Donations of less than $1,000 will be added to the general library funds.

FORM OF BEQUESTS

The following is a brief legal form as a suggestion under which bequests may be made in behalf of the Academy:

I give, devise and bequeath unto "The New York Academy of Medicine" of the City of New York, State of New York, a corporation duly incorporated by the Legislature of the State of New York by an act, entitled "An act to incorporate The New York Academy of Medicine," passed June 23, 1851, and amended June 4, 1853, and June 2, 1877 .....

DATES OF MEETINGS

Stated Meetings of the Academy, 1st and 3rd Thursdays.
Trustees, 2nd Wednesday.
Council, 4th Wednesday.
Committee on Library, 2nd Tuesday.
Committee on Admission, 1st Wednesday.
Public Health Committee, Mondays.
Committee on Medical Education, 3rd Wednesday.
Building Committee, 1st and 3rd Tuesdays.
Publication Committee, date varies.
Program Committee, date varies.

DATES OF SECTION MEETINGS

Dermatology and Syphilis, 1st Tuesday.
Surgery, 1st Friday.
Neurology and Psychiatry, 2nd Tuesday.
Pediatrics, 2nd Thursday.

Otology, 2nd Friday.
Ophthalmology, 3rd Monday.
Medicine, 3rd Tuesday.
Genito Urinary Surgery, 3rd Wednesday.
Orthopedic Surgery, 3rd Friday.
Obstetrics and Gynecology, 4th Tuesday.
Laryngology and Rhinology, 4th Wednesday.
Historical and Cultural Medicine, date varies.

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